
By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/

TO: IHSC Public Health Service (PHS) Commissioned Corps Officers, Civilian Federal Employees and Contract Personnel

SUBJECT: Medical Restraint and Therapeutic Seclusion/ Administrative Segregation

1. **PURPOSE:** This Operations Memorandum (OM) sets forth the guidance and procedures for the use of emergency medical physical restraint and to outline the appropriate use of therapeutic seclusion/administrative segregation for treatment of detainees with a mental health condition who are physically located in a detention facility and pose an immediate and serious threat of harm to self or others due to a mental health condition.
2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and federal employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, Section 235.3 (8 CFR 235.3), Inadmissible Aliens and Expedited Removal;
 - 3-2. Section 232 of the Immigration and Nationality Act (8 USC 1222), Detention of Aliens for Physical and Mental Examination;
 - 3-3. Title 8, Code of Federal Regulations, section 232 (8 CFR 232), Detention of Aliens for Physical and Mental Examination;
 - 3-4. Section 322 of the Public Health Service Act (42 USC 249(a)), Medical Care and Treatment of Quarantined and Detained Persons;
 - 3-5. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC 252); Medical Examination of Aliens.
 - 3-6. ICE Policy 11065.1, Review of the Use of Segregation for ICE Detainees

4. **POLICY:** Detainees exhibiting behaviors that demonstrate immediate and serious threat of harm to self or others due to a mental health condition are placed in therapeutic seclusion or administrative segregation and/or are ordered to receive medical physical restraints. Therapeutic seclusion, or administrative segregation, is the separation of an individual from others for the purpose of reducing stimulation. Therapeutic seclusion/administrative segregation are considered less restrictive than medical restraints. Medical restraints include physical restraints (e.g. leather restraints). Determined situationally by the Clinical Director (CD, who is also the Clinical Medical Authority), the least restrictive approach to restraints is used. Prior to ordering restraints, less restrictive methods are attempted, when possible.

4-1. Consideration of Alternatives to Therapeutic Seclusion and Medical Restraints. The health care providers will document in the medical record they have identified at-risk detainee-patients, provided crisis intervention, considered less restrictive measures, and justify the outcome of their analysis – whether seclusion or restraint necessary. As soon as feasible upon a detainee's arrival (at intake, physical exam, or subsequent medical/mental health encounter), health care providers identify detainees who pose an immediate and serious threat of harm to self or others, provide crisis intervention, and implement the least restrictive alternatives to seclusion or restraints. All less restrictive options must be exhausted prior to determination of utilizing medical restraints. Once a method of medical restraint is determined, justification of the rejection of less restrictive measures (if applicable) must be documented in the medical record. Less restrictive measures include, but are not limited to:

- a. Increased staff interaction and/or observation.
- b. Consideration of medication review.
- c. Redirection and reorientation.
- d. Reevaluation of the behavioral management plan.

4-2. Ordering of Therapeutic Seclusion. A health care provider orders a detainee to be placed in therapeutic seclusion/administrative segregation. The location for the therapeutic seclusion should ensure the safety and security of the detainee during the therapeutic seclusion based on the symptoms and risk determined by the provider. The health care provider selects the location in collaboration with the Health Services Administrator (HSA), the CD, and ERO facility leadership. Documentation of therapeutic seclusion will include the following indicators:

- a. When, where, how, and for how long seclusion may be used

- b. Appropriate follow up care (e.g., 15 minute health staff checks) making sure that proper peripheral circulation is maintained (when restraints are used)
- c. That proper nutrition, hydration and toileting are provided
- d. Treatment plan for removing the detainee from seclusion as soon as possible.

4-3. Ordering of Medical Restraints. Physical Restraints: Detainees who pose a threat to self or others, and/or those who are exhibiting physically threatening or aggressive behavior resulting in serious disruption of the therapeutic environment or facility operations, are ordered by the CD, staff physician, behavioral health provider or mid-level provider to be placed in physical restraints. Physical restraints are either fleece-lined leather or rubber (appropriate for individuals treated in the community). No metal or hard plastic devices such as handcuffs and leg shackles are used. Detainees are not restrained in unnatural positions (face down or sprawled) or restrained in a manner that would jeopardize their health. Restraints are only used after all less restrictive options have been exhausted (documentation of the threat posed and other treatments provided prior to the use of restraints must be in the health record) and until the detainee regains better control of his/her behavior and/or is transported to the hospital. The following parameters are met in the application of physical restraints:

- a. The CD or designee writes the order for physical restraints and documents the following in the detainee's medical record:
 - (1) When, where, how, and for how long restraints may be used
 - (2) How proper peripheral circulation is maintained
 - (3) Appropriate follow up care (e.g., 15 minute health staff checks)
 - (4) That proper nutrition, hydration and toileting are provided
 - (5) The detainee's treatment plan provides for removing detainee from restraints as soon as possible.

4-4. Custody-Ordered of Physical Restraints. When restraints are used by custody staff for security reasons, health services staff are notified immediately. Health service staff are required to:

- a. Review the health record for any contraindications or accommodations required, which, if present, are immediately communicated to appropriate custody staff.

- b. Initiate health monitoring, which continues at designated intervals as long as the detainee is restrained. If the health of the detainee is at risk, it is immediately communicated to appropriate custody staff.
- c. If the restrained detainee has or develops a medical or mental health condition, the CD or designee is notified immediately so that appropriate orders are given.
- d. When health service staff note improper use of restraints that is jeopardizing the health of a detainee, they communicate their concerns as soon as possible to appropriate custody staff.

4-5. Applicable Conditions and Behaviors:

- a. Detainees exhibiting behaviors that demonstrate immediate and serious threat of harm to self or others due to a mental health condition are placed in therapeutic seclusion or administrative segregation and/or are ordered to receive medical physical restraints only after all other less restrictive options have been attempted.
- b. IHSC staff is not authorized to order for therapeutic seclusion or medical restraints for purposes of discipline or convenience.
- c. IHSC staff identifies pre-existing medical/mental conditions or physical disabilities and limitations that place the detainee at a greater risk during medical restraints or therapeutic seclusion prior to restraints or seclusion, if possible.

4-6. Direct Observation of Detainees in Therapeutic Seclusion or with Medical Restraints:

- a. **Detainees in Therapeutic Seclusion.** A health care provider observes a detainee in therapeutic seclusion every two hours.
- b. **Detainees with Medical Restraints.** A health care provider observes a physically restrained detainee at least every 15 minutes for the first hour and at least every two (2) hours thereafter.

4-7. Maximum Time Period. IHSC staff use therapeutic seclusion or medical restraints for the shortest time necessary to protect the detainee or others from the detainee. An order for Therapeutic Seclusion or Medical Restraints generally is not to exceed 12 hours. If it does, a justification for the prolonged time must be entered in the medical record.

4-8. Location of Therapeutic Seclusion or Medical Restraints. A health care provider evaluates the patient and collaborates with the CD, HSA, and ICE

personnel to ensure the detainee is placed in the most appropriate housing location for observation and monitoring.

4-9. BHP Consultation.

- a. When therapeutic seclusion or medical restraints are applied, IHSC staff must contact a BHP immediately for consultation.
- b. Facilities without a BHP on staff schedule the detainee for an off-site assessment as soon as possible.

4-10. Use of Medical Restraints on Children. A child who poses an immediate and serious threat of harm to self or others will be immediately referred to local hospital for further evaluation and treatment.

- a. Until transfer – the child should be placed on one to one continuous observation.
- b. The child's parents should accompany the child through the hospital admission process.

4-11. Use of Medical Restraints on Pregnant Detainees. A pregnant woman who poses an immediate and serious threat of harm to self or others will be immediately referred to local hospital for further evaluation and treatment. Until transfer, the pregnant detainee should be placed on one to one continuous observation

5. PROCEDURES:

5-1. Therapeutic Seclusion Orders:

- a. Detainees are placed in therapeutic seclusion with a written order from the CD, medical provider, or BHP.
- b. Therapeutic Seclusion orders are documented in the detainee medical record and approved by the CD after execution.

5-2. Execution of Therapeutic Seclusion Orders. A detainee in therapeutic seclusion is assessed and documentation is placed in his/her medical record by at least an RN, every two (2) hours for the duration of the order.

5-3. Medical Restraint Orders:

- a. Detainees are subjected to physical restraints for medical purposes with a written order of the Clinical Director (CD) or designee.
- b. Approval is granted by the CD or designee when there is clear evidence documented in the medical record that all other alternatives have been exhausted.

- c. All orders for Medical Restraints are documented in the detainee's health record, to include the time the restraints were applied and the duration of the restraint period. NOTE: Standing orders for implementing medical restraints are prohibited.
- d. If the order is given by the CD or designee over the phone, the order is accepted only by an RN, MLP, or physician.
- e. The individual receiving the telephone order documents the order with the justification for the medical restraints.
- f. The CD or designee evaluates the patient and co-signs the order within approximately one hour (as soon as he/she can get to the clinic).

5-4. Requirements for Medical Restraint Order: Medical restraint orders have required information to make them valid:

- a. The circumstance that led to the use of restraints.
- b. Consideration or failure of non-physical less restrictive intervention and the detainee's response.
- c. Written orders for use.
- d. Behavior criteria for discontinuation of therapeutic seclusion or medical restraints.
- e. Informing the detainee of the behavior criteria for discontinuation.
- f. Verbal orders are received from the CD or designee by an authorized member of the health care staff.
- g. Assistance provided to the detainee to help him/her meet the behavior criteria for discontinuation and detainee's response.
- h. Any injuries sustained and treated, including the provision emergency medical services.
- i. Considerations made recognizing the detainee's age, developmental considerations, gender issues, ethnicity and history of sexual or physical abuse.

5-5. Execution of the Medical Restraint Orders: Detainee in medical restraints is assessed and documentation is placed in his/her medical record by at least an RN, every 15 minutes for the first hour and every two (2) hours for the remaining duration of the order.

5-6. Detainee/Patient Education. Medical staff explains to the detainee the reason and procedures for the restraint or therapeutic seclusion to prevent misinterpretations, to gain cooperation, and provide interpretation as necessary to overcome any limitations in the patient's understanding (i.e., foreign language, hearing limitations, and comprehension difficulties). This encounter with the education to the detainee is documented in the electronic medical record

5-7. Direct Observation of Detainee in Therapeutic Seclusion or Medical Restraint. During the required direct observations of therapeutically secluded patients, health care personnel check on the detainee and document the required information in the detainee's health record. Health care personnel observe and document the following minimum information during their checks:

- a. Signs of injury associated with application of restraints;
- b. Nutrition and hydration;
- c. Circulation and range of motion in the extremities;
- d. Vital signs; and
- e. Hygiene and elimination.

5-8. Recurring Offerings to the Detainee in Therapeutic Seclusion or Medical Restraints. Health care personnel offer detainees in therapeutic seclusion fluids, food, and use of the toilet every two hours.

5-9. Serving meals during Therapeutic Seclusion or Medical Restraints. Meals are served on Styrofoam with plastic spoons. Iced or hot beverages are prohibited. All meal items are removed and accounted for after each meal.

5-10. Renewal of Medical Restraint Orders

- a. Orders of therapeutic seclusion or medical restraints are not continued without a written order of the CD or designee who has personally observed the patient since the initial order was imposed.
- b. The ordering physician re-evaluates the order every four hours and ensures the re-evaluation is documented in the detainee's medical record.

5-11. BHP Consultation

- a. When a detainee is placed in medical restraints or in therapeutic seclusion, the physician contacts the BHP as soon as practical to conduct an evaluation.

- b. A BHP conducts a mental health assessment when Therapeutic Seclusion or medical restraints are utilized for any period of eight (8) hours or more.

5-12. Emergency Implementation of Therapeutic Seclusion or Physical Restraints by a RN:

- a. In emergency situations, an RN may initiate therapeutic seclusion or physical restraints, prior to obtaining an order from the CD or designee.
- b. Within one-hour of initiation of emergency therapeutic seclusion or physical restraints, the RN notifies and obtains an order from the CD or designated physician.
- c. The CD or designated medical provider conducts an in-person assessment within one-hour of the initiation of therapeutic seclusion or physical restraints. This assessment is used to make recommendations for continued use of therapeutic seclusion or physical restraints, if necessary.
- d. Physical restraints are for a specified time not to exceed twelve (12) hours and documentation is placed in the detainee health record that states the necessity for the restraints.
- e. Renewal beyond the initial twelve (12) hours can only be done with the written order of the CD or medical provider who has personally observed the detainee after the previous order was imposed.
- f. During the restraint/seclusion period, trial releases are attempted if the detainee demonstrates a reduction of those behaviors that led to him/her being restrained. During this trial period if the detainee exhibits the same behavior for which he was restrained within the time frame the order was written a new order is not required.

NOTE: Should the detainee exhibit a different behavior for which restraint/seclusion is required or the same behavior but the time frame of the original order has expired, a new order is required.

- g. The CD or designee reevaluates the patient after twelve (12) hours. If the patient requires two or more restraints within the four hours the CD or designee may consider hospitalization.

5-13. Medical Restraint or Therapeutic Seclusion Debriefing. After each episode of medical restraint or therapeutic seclusion is concluded (maximum 12 hours), the health staff involved meet for a debriefing led by the CD or designee. The detainee's participation is encouraged. The debriefing occurs as soon as possible after the episode, but not longer than 24 hours after the event.

5-14. Annual Training. All medical providers complete training annually in an effort to minimize the use of therapeutic seclusion and medical restraints to utilize them safely, when necessary. Education is conducted by the BHP of the facility, CD or his/her designee. The training is documented in the personnel file (Competency Assessment Checklist) by the training officer at the facility or designee.

6. HISTORICAL NOTES. This operations memorandum replaces IHSC Directive: 07- 01 Medical Restraint and Therapeutic Seclusion/Administrative Segregation. This policy was divided into two separate operations memorandums and significant changes were made throughout the document.

7. DEFINITIONS. See definitions for this policy at IHSC Glossary

8. APPLICABLE STANDARDS:

Performance Based National Detention Standards (PBNS):

PBNS 2011, Section 2.12 Special Management Units

PBNS 2011, Section 2.15 Use of Force and Restraints.

PBNS 2011, Section 4.3 Medical Care

PBNS 2011, Section 4.4 Medical Care (Women)

American Correctional Association (ACA):

Performance-Based Standards for Adult Local Detention Facilities, 4th edition: 4-ALDF-4D-21: Use of Restraints.

Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions

1-HC-3A-08: Involuntary Administration.

1-HC-3A-12: Use of Restraints.

1-HC-3A-12-1 (relates to restraints and pregnant women).

National Commission on Correctional Health Care (NCCHC): Standards for Health Services in Jails, 2014:

J-I-01: Restraint and Seclusion

J-I-02: Emergency Psychotropic Medication.